

CERTIFICATION OF BIRTH RECORD

DATE ISSUED
OCT 28 2024

Type or Print in
PERMANENT INK
See Hospital
or Physicians'
Handbook for
INSTRUCTIONS

MATCHING IDC

REGISTRATION
DISTRICT NO. 81.0
REGISTERED
NUMBER 2363

STATE OF ILLINOIS

CHILD'S BIRTH NUMBER

112-B 36836

CERTIFICATE OF LIVE BIRTH

1. CHILD—NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH		MONTH	DAY	YEAR	HOUR	
2. Timetrious		Todd		Golden	2a. November 10, 1975		2b. 07:32 P		M.		
3. SEX		THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)			IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)			PLACE OF BIRTH			COUNTY
3. Male		4a. Single			4b.			5a. Rock Island			
3. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)			HOSPITAL—NAME			IF NOT IN HOSPITAL, GIVE STREET AND NUMBER			
5b. Rock Island		5c. Yes			5d. Rock Island Franciscan Hospital						
MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)		BIRTHPLACE		STATE OR FOREIGN COUNTRY		
6a. Zeta		Contea		Gill	6b. 15		6c. Illinois				
RESIDENCE STATE		CITY, TOWN, TWP. OR ROAD DISTRICT NO.			INSIDE CITY (YES/NO)			STREET AND NUMBER			
7a. Illinois		7b. Rock Island			7c. Rock Island			7d. Yes			
MOTHER'S COMPLETE MAILING ADDRESS		STREET AND NUMBER OR R. F. D.			CITY OR TOWN			STATE			ZIP
7f. 2104 9½ Street		Rock Island			Illinois			61201			
FATHER—NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)		BIRTHPLACE		STATE OR FOREIGN COUNTRY		
8a. Timothy		John		Golden	8b. 18		8c. Illinois				
INFORMANT'S SIGNATURE					DATE SIGNED			MONTH		DAY	YEAR
9a. Zeta Hill					10b. November 10, 1975			10c. M.D.			
SIGNATURE					ILLINOIS LICENSE NUMBER						
10a. J. H. Binault, M.D.					10d. 36-48447						
CERTIFIER'S COMPLETE MAILING ADDRESS		STREET AND NUMBER OR R. F. D.			CITY OR TOWN			STATE			ZIP
10e. 2701 17th Street		Rock Island			Illinois			61201			
LOCAL REGISTRAR'S SIGNATURE					DATE REC'D BY LOCAL REGISTRAR			MONTH		DAY	YEAR
11a. Fred Scherman, Registrar					11b. November 3, 1975						

VR 100 (1971r)

Illinois Department of Public Health - Office of Vital Records

BASED ON 1968 U. S. STANDARD CERTIFICATE

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY/ABSTRACT OF THE OFFICIAL RECORD FILED WITH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH ROCK ISLAND COUNTY.

Karen Kinney
KAREN KINNEY
ROCK ISLAND COUNTY CLERK

Not valid without the embossed seal of Rock Island County.

